2. Sluggishness in Accommodation and Convergence, or Myotonic Pupillary Movement? J. STRASBURGER.
3. Paradoxical Pupillary Reaction and an Observation on Contraction of the Pupil by Shading the Eyes. J. PILTZ.

1. *Nerve Plexus and Nerve Trunk Paralysis.*—Bruns gives a critical analysis of 70 cases, 15 of which were plexus paralysis. He discusses the cause, intensity, and the time of the lesion as essential factors in making the prognosis. In cases of plexus paralysis when an involvement of the roots is suspected, or as in some cases in which the spinal cord itself is similarly involved, the prognosis is in proportion unfavorable. He thinks that such lesions of the nerve roots occur much more frequently in plexus lesions than has heretofore been accepted. He therefore arrives at the conclusion that so far as prognosis is concerned, plexus paralysis should take a middle position between the favorable peripheral nerve palsies and the very unfavorable spinal palsies.

2. *Myotonic Sluggishness.*—A controversial article with Sänger, as to the propriety and grounds for calling the sluggish contraction noted by these two observers, "Myotonic Contraction."

3. *Pupillary Paradoxical Phenomenon.*—Report of a case of true paradoxical pupillary phenomenon. After a careful review of the literature and of the different varieties of irregular pupillary action to light and convergence, Piltz concludes that true paradoxical light reaction is an exceedingly rare symptom, which up to the present time has been met with only in organic disease of the central nervous system.

(Vol. 21, 1902, No. 23. Dec. 1.)

1. Is there an Autogenetic Regeneration of Nerve Fibers? A Contribution to the Neurone Theory. E. MUNZER.
2. Observations on Winter Therapy in Mountain Climates. B. LAQUER.

1. *Autogenetic Regeneration.*—Munzer after a careful study of the work of Bethe on the endogenous regeneration of nerve fibers in rabbits, supports his conclusions in so far as they pertain to the presence of new-formed nerve fibers in the distal stump of a cut nerve, but holds that the production of these new fibers from the cut fibers themselves is not proven. He finds that at the proximal end of the distal stump a nodule forms, but that this node is in connection with the nerves of the neighboring tissues; that new nerves forming in this node are independent of "centralization" is therefore not proven.

2. *Winter Therapy.*—A paper on the indications and contraindications to high altitude treatment for functional nervous diseases.

D. J. MCCARTHY (Philadelphia).

PSYCHIATRISCH-NEUROLOGISCHE WOCHENSCHRIFT

(Vol. 4, 1902, No. 32.)

1. Concerning the Bias of Hospital Physicians as Medical-legal Experts. DR. PFAUSLER, Director in Valduna.

This article of Dr. Pfausler is a retort to a criticism by some members of the legal profession of an article of his appearing in No. 7 of the present volume of this journal, in which he had asserted the fitness of the hospital physician for this work over that of the general practitioners summoned as experts by the Court. He lays special stress upon the protection afforded to society when the insane criminal is committed to a hospital upon the examination of the hospital physician and compelled to remain there until discharged at his discretion, rather than being sent to prison after an examination by the so-called experts for a definite term and then turned loose in the community while still insane. In substantiating his position, Professor Kraepelin is quoted extensively.

(Vol. 4, 1902, Nos. 33 and 34.)

1. Was Mohammed an Epileptic? Dr. med. M. L. Moharrem Bey.

In this interesting article the author reopens this discussion, and from a purely medical standpoint reviews the biographical literature and traditions concerning the family history, the early life, and especially the first revelation, and following this experience the partially unconscious states into which the prophet so frequently lapsed when receiving other revelations; and concludes that there is no basis for the assumption that Mohammed was an epileptic. He calls attention to the character of the so-called attacks when he would lie down upon the floor and would be covered with a garment and have a pillow placed under his head by those near him, and distinguishes them from the genuine epileptic attacks. These attacks were not followed by stupor, but the prophet would arouse himself quickly and begin at once to relate his divine revelation. Furthermore, the character of his intelligence which was maintained until his death at sixty-three of an acute febrile disease rules out the possibility of his having suffered in any degree from epileptic dementia.

(Vol. 4, 1902, No. 34.)

1. One-sided Delirium. Professor E. Bleuler.

This singular condition occurred during a paralytic attack of a paretic of two years' standing and fifty-one years of age. The course of the disease up to the time of the occurrence of this attack had been characterized by several paretic seizures. In this attack which was of twelve hours' duration, there seemed to be a dissociation of the movements of the right and left upper extremities. When first seen in the morning the right hand and arm were in constant motion, sometimes purposeful, at other times purposeless. What the right hand disordered, the left hand put to rights, and at times the left attempted to restrain the right. This continued throughout the morning. At noon, sensation on the left side of the body was found to be unimpaired, and occasionally tests for the same elicited defensive movements from the right side; while tests on the right side simply intensified its movements. Both legs from the onset presented convulsive movements. Strong stimulation of the right side produced energetic convulsive, purposeful movements, as if the right side was struggling against a phantom, in which the left did not participate. Two hours later the diversion of the two sides had become even more marked. At this time an attempt to place the patient on his feet caused incoördinate movements of both lower limbs. In the evening the two hands acted more in unison for short periods. Later, suddenly an attack occurred in which the right hand made gestures as if trying to snatch up and toss away rats, and as if battling with a phantom man to whom the patient spoke threateningly, while the left hand gesticulated as if trying to defend the head from a swarm of bees. After getting on his feet, each leg struggled to walk towards its own side, but soon the right prevailed and the patient went about in a circle. When returned to bed the movements of the right side continued; the left had already subsided. This continued for about an hour when it increased greatly and was combined with powerful movements of the leg which required the administration of chloral. The movements were suspended during the sleep which followed. During the entire day the patient was able to comprehend questions. Spontaneous speech was "delirious." He remained quiet when the left hand was held but restraint of the right caused irritability. The eyes and head were drawn to the right. The patient had no memory of the attack the following day. Increased activity of the right side continued for two days.

His conclusion is that each hemisphere of the brain seems to be able to apprehend impressions of the outside world independently, and can carry out complicated movements corresponding with these impressions, and cites in support of this view, cases in which one-half of the brain has been sufficient to maintain a psychical personality.

Ross Defendorf (Middletown).

JOURNAL OF MENTAL SCIENCE

(Vol. 48, 1902. October.)

1. Presidential Address Medico-Psychological Association. J. Wigglesworth.
2. A Statistical Contribution to the Pathology of Insanity. T. Duncan Greenlees.
3. Importance of Stimulus in Repair and Decay of the Nervous System. F. W. Mott.
4. Some Remarks on the Surgical Treatment of Insanity. Damer Harrisson.
5. Treatment of Incipient and Transient Mental States in General Hospitals. T. S. Clouston.
6. Medico-Psychological Statistics. C. Hubert Bond.
7. Observations on the Neuroglia Cell and its Processes. R. R. Leeper.
8. Pathogenesis of Diabetic Insanity. W. R. Dawson.
9. Care of Idiots and Imbeciles. J. H. Sproat.
10. Mental Symptoms and Bodily Disease. Nathan Raw.

1. *Medico-Psychological Society.*—This is the presidential address delivered at the sixty-first annual meeting. The general topic of the substances in the germ cell involved in the hereditary transmission of insanity is first discussed by the author, this leading up to an analysis of the family histories of some 3,445 insane patients admitted into the Rainhill Asylum during the past twelve years. Out of this entire number definite family history of hereditary taint was found in 28 per cent. Paternal and maternal influences were about equally important, in 350 patients, the fathers were insane in 185 instances and the mothers 165. On the question of parentage and sex liability he finds that female children are more numerously affected independent of the sex of the affected parent, a slight increase is noted for insane mothers transmitting insanity to daughters than to sons. On the general biological question of the transmission of acquired characteristics the author then makes some interesting observations. For juvenile general paresis the author believes that it owes its origin to antecedent parental syphilis and that the parasyphilitic influence has been exerted in the germ cells to modify their nutrition and thus lead to degenerations in the offspring. Certain forms of general paresis in the adult may have a like origin. The address is a scholarly one and contributes much to the discussion of this important problem.

2. *Pathology of Insanity.*—Dr. Greenlees of South Africa offers a statistical contribution on the condition of the various organs of those dying of insanity. It is too detailed to permit abstracting.

3. *Stimulus in Repair and Decay of the Nervous System.*—Dr. Mott first discusses the nature of stimulus from the physical viewpoint, then takes up the question on its psychological side and later considers the anatomical and physiological substrata of nervous energy. Nerve fibers, he says, have been shown to be incapable of fatigue and he makes some interesting observations on the functions of the myelin sheath which he maintains has other functions than that of serving as an insulator. Impulses transmitted by non-medullated fibers of visceral and vascular structures are of low intensity compared with the medullated fiber of somatic structures. The chemical constituents of myelin are found in the cerebrospinal fluid. The development of the myelin sheath is correlated with the ratio of incoming stimuli, those parts first stimulated being the first myelinated, and other experiments prove that stimulation causes the formation of mye-